KidsFirst: Quality Counts for Kids Public Hearing October 26, 2004 Wausau

| NAME | PROGRAM NAME | REGULATION TYPE/AGENCY- ORGANIZATION |
|--------------------------|---|---|
| Dave Edie | UW-Extension, Child Care Research Partnership | Task Force Member |
| Lisa Turnbull | Sawyer County Department of Human Services | Task Force Member |
| Lisa Furseth | WisCap Community Action, Inc. | Task Force Member |
| Laura Saterfield | DWD-Child Care Section | Task Force Staff |
| Alan Sweet | DWD-Child Care Section | Task Force Staff |
| Kath McGurk | DWD-Child Care Section | Task Force Staff |
| Anne Carmody | DHFS-Bureau of Regulation and Licensing | Task Force Staff |
| Julie Strong | DHFS-Bureau of Regulation and Licensing | Task Force Staff |
| Kathleen M. Kramer | DHFS-Bureau of Regulation and Licensing | Child Care Licensing |
| Micki Krueger | Child Care Connection | Wausau CCRR |
| Rachel Radtke Zakrzewski | Mid Wisconsin Child Care Resource and Referral | Stevens Point CCRR |
| Myra Bieri | Mid Wisconsin Child Care Resource and Referral | Stevens Point CCRR |
| Lois Sliter | Mid Wisconsin Child Care Resource and Referral | Stevens Point CCRR |
| Sandy Suprak | Northcentral Technical College - Wausau | Early Childhood Instructor |
| Joann Benedict | Lincoln County Department of Social Services | Child Care Certifier |
| Betsy Gruszynski | Elcho School District Child Care | Elcho School District |
| Sheila Psaacsun | Little Lambs | Licensed Program |
| Nancy Fliehr | Grace Lutheran Foundation School-Age Child Care | Licensed Program |
| Jane A. Marquardt | Child Care Center of St. Joseph's Hospital | Marshfield Clinic – Licensed |
| Theresa Fischer | Child Care Center of St. Joseph's Hospital | Marshfield Clinic – Licensed |
| Carol Papineau | Child Care Center of St. Joseph's Hospital | Marshfield Clinic – Licensed |
| Gena Willis | Community Child Care Connections | Green Bay CCRR |
| Carmen Behringer | YWCA/Child's Plan | Licensed Program |
| Melanie Schmitz | Hometown Children's Center | Licensed Program |
| Sheryl Bauer | Hometown Children's Center | Licensed Program |
| Maichao Lor | Bridging the Gap | Licensed Program |
| Marcy Rau | Bridging the Gap | Licensed Program |
| Pat Markuson | Mid-State Technical College-Wisconsin Rapids | Early Childhood Instructor |
| Kelly Borchardt | Wisconsin Child Care Improvement Project | Technical Assistance |
| Lisa Strehlow Marquardt | KinderCare Learning Center | Licensed Program |
| Chue Her | Her's Home Day Care | Licensed Program |
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Task Force Member Dave Edie provided the opening address at the October 26, 2004 Wausau *KidsFirst*: Quality Counts for Kids Public Hearing. Introductions were made for the Task Force Members in attendance: Dave Edie-UW-Extension Child Care Research Partnership, Lisa Turnbull, Sawyer County Department of Human Services Child Care Coordinator, and Lisa Furseth, WisCap Community Action, Inc.

Task Force Members provided a brief summary of the initiative. During the time period of June through September Task Force Members worked together to develop a recommendation for Governor Doyle. The Quality Rating Scale/Tiered Reimbursement Programs have been developed to:

- 1.) Identify the quality of regulated child care programs.
- 2.) Provide incentives to regulated child care programs to strive for higher quality.

3.) Assure that the \$300 Million annually expended for the Wisconsin Shares Child Care Subsidy Program is purchasing quality child care.

The 21 Task Force Members represent both urban and rural Wisconsin. Members represent county and tribal child care subsidy program administration. Members represent licensed group, licensed and certified family child care and Head Start. Members represent training and technical assistance organizations. Members represent the cultural and ethnic diversity found throughout Wisconsin.

Task Force Members had the opportunity to review what other states' have done when developing quality indicator rating scales and tiered reimbursement programs. State findings on the effects of statewide quality initiatives and the impact were also reviewed. Task Force Members reviewed national research on what impacts the quality of care offered to children, and reviewed multiple models of quality indicator rating scales and tiered reimbursement approaches.

Task Force Members developed a series of DRAFT recommendations for a five tier quality indicator rating scale and tiered reimbursement program. Task Force Members developed a recommendation that allowed for a wide variety of options to earn points in order for programs to receive a higher quality rating. Task Force Members want this effort to succeed and be supported by the early care and education workforce. It is important for child care providers to understand that they are part of the care and education 'system' and that they need to talk to their peers about this recommendation. Task Force Members strived to develop equivalent quality indicator rating scales for licensed group child care and family child care, while at the same time it was clearly understood by all Members that family child care is a separate care setting.

Task Force Members reviewed the 11 Quality Rating System Principles that were used to guide the development of the Task Force Draft Recommendation.

Public comment is requested regarding the *KidsFirst*: Quality Counts for Kids Quality Indicator Rating Scale/Tiered Reimbursement Program:

- 1.) Overall approach to the quality indicator rating scale and tiered reimbursement proposal.
- 2.) Specific approaches to earning points on the rating scale and the reimbursement process.
- 3.) What is liked about the *KidsFirst* Proposal?
- 4.) What is considered not reasonable or not realistic?

Written comment will also be accepted through October 29, 2004. Comment should be directed to the Wisconsin Department of Workforce Development, Child Care Section.

| Name | Comment |
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| Nancy Fliehr | KidsFirst. Quality Counts for Kids Recommendation: |
| Grace Lutheran | Regulatory Compliance: |
| Foundation | How will the timeliness of a complaint that has been resolved going to be noted when |
| School Age Child | currently licensors are unable to visit all centers that they are responsible for? |
| Care | If a center is in non-compliance will they be paid when they come back into compliance? |
| | What amount of time will there be before a payment reduction takes place for a program |
| | that goes down in star ratings? Will non-compliance criteria be weighted (ex. child's safety |
| | vs. not having something posted)? If there are multiple sites, will each site receive its own |
| | star rating? |
| | Teacher Qualifications: |
| | What about staff that have taken numerous classes in the field, however they do not fit into |
| | a degree? Experience needs to be looked at. Already have the Registry to document |
| | education and experience. |
| | Learning Environment: |
| | How will school-age fit into the recommendation? How will the beliefs, values and cultural |
| | practices of my center be understood and evaluated? The person completing the rating |
| | must understand the culture of the community. |
| | Professional Practices: |

| | Will the salary scale be a flat rate, or will it be looked at based on the region? Parents need to feel comfortable with the quality of child care provided. |
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| Maichao Lor Bridging the Gap | KidsFirst. Quality Counts for Kids Recommendation: I am happy with parts of this program. I am unhappy with parts of the program. I work to improve the quality of child care programming in the Hmong community. Hmong is generally a spoken language and not a written language. It is difficult for Hmong providers to complete their high school degree. I go into their programs and help them to be better. This program will motivate some providers to improve quality some. |
| Lois Sliter Stevens Point Mid-Wisconsin CCRR and | KidsFirst. Quality Counts for Kids Recommendation: I support this initiative. By proposing quality indicators that are clear and concise for providers and parents, Wisconsin is again leading the way in supporting children and families. |
| Certifier for multiple counties | This initiative should recognize three levels of regulations: licensed group, licensed family and certified care. Some of the standards identified are already components of licensing. This gives an unfair advantage to licensed programs. Certified providers provide the majority of non-traditional child care (2 nd /3 rd shift care, weekend care, etc.). A certified provider that provides 3 rd shift care may not have the opportunity to provide quality learning centers and other components within the Environment section. How will they fit into the system? 47.4 percent of the care is certified care. Provider Qualifications: |
| | How does continuing education fit into the quality indicator rating scale? Some of the best training takes place in this format. Recognition of continuing education should be added into the rating scale if the hours are above and beyond licensing regulations and should be addressed separately for certified providers. Longevity should be recognized. If REWARD recognizes longevity, then the quality |
| | indicators should too. Include longevity in the quality indicators for those programs who do not have regulatory non-compliance issues. Support Services: Funding must be tied to this initiative to support providers to increase their quality and to |
| | provide information to parents-to tell them what a star is, and what it means, especially in rural areas where choices are limited. |
| Marcy Rau Bridging the Gap | KidsFirst. Quality Counts for Kids Recommendation: I work with the Hmong Provider Network in Wausau. I provide home base visiting, I work directly with parents and providers. I have provided literacy training and model activity for the parent/provider: finger plays, reading to children, working with play dough. I have a successful program working with the extended family – parents, aunts, uncles, etc. I model educational principles. I know that program quality needs to improve. I bring speakers into the provider network. I provide workshops and training to Hmong providers to make their programs better. I provide handouts and materials with lots of pictures to provide information. I do follow up site visits to programs. This recommendation gives structure to child care programs. Hmong providers will need tools and opportunities to improve. I would like to receive funding to provide on-site |
| | training and technical assistance to Hmong providers. |
| Carol A. Papineau Bright Horizons Family Solutions Child Care Center of St. Joseph's Hospital and Marshfield Clinic | KidsFirst: Quality Counts for Kids Recommendation: I am in support of this initiative. However I am concerned about the lack of child care available in the area where we provide child care services. The lack of infant and toddler care is already apparent by the waiting list at our program. This has resulted in the loss of employees from the hospital and clinic when child care cannot be found. I am afraid we will lose smaller centers and family child care homes. Those child care slots need to remain available for families. |
| Carmen Behringer Licensed Provider | KidsFirst: Quality Counts for Kids Recommendation: Support Services: I am questioning the timely manner of The Registry. Currently they are not serving child care programs in a timely manner. It can take up to six months to receive information or a response from them. Local Child Care Resource and Referral Agencies should be contracted to service the local |

| community |
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| Community. |
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| Melanie Schmitz | KidsFirst: Quality Counts for Kids Recommendation: |
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| Hometown | Provider Qualifications: |
| Children's | Staff need basic qualifications. Distance is an issue for accessing credit based instruction. |
| Center | Gas is expensive for staff. Need to provide local opportunities for advancement in |
| Conton | education. 25 hours of continuing education is already required by licensing. The program |
| | rarely sees the licensor. The Registry is up to six months late in sending out information. |
| | |
| | The current program is serving 4 infants. Previously it had served up to 16 infants. |
| | Families are now more often choosing family day care for infants. |
| | Longevity in the child care field is important and should be recognized. Need to be |
| | recognized for the work that I do. I shouldn't be penalized because I do not have a degree |
| | or because I am not accredited. |
| | Why is the Child Care Administrators Credential set at different star amounts for group |
| | centers and for family child care? |
| D (| Talk to parents about what is quality. |
| Betsy | KidsFirst: Quality Counts for Kids Recommendation: |
| Gruszynski | Programs in Public Schools: |
| Elcho School | The Task Force needs to address programs that are sponsored by school districts. Public |
| District | school districts are exempt from child care licensing. The Elcho School District Child Care |
| | is the only group center serving all of the families in our 400 plus square mile district. |
| | (Additionally, there are two certified providers). We provide care for many Wisconsin |
| | Shares families. Public school programs need to be able to maintain their licensing exempt |
| | status and be eligible for all five stars on the rating system. |
| | Implementation: |
| | The Task Force should look at the role of Child Care Resource and Referral Agencies |
| | around the state. I believe that these agencies would serve as a valuable resource in |
| | implementation, making personal connection with providers and parents that they serve. |
| | Many providers have indicated significant concerns over the Registry's inability to perform |
| | their current duties. |
| Theresa Fischer | KidsFirst: Quality Counts for Kids Recommendation: |
| | I am in support of this recommendation. |
| | Teacher Qualifications: |
| | The teacher qualifications will encourage providers to seek professional development and |
| | growth. As the education increases, quality will increase. Education raises knowledge, |
| | keeps providers up to date and increases self worth, self esteem and better 'child |
| | outcomes'. |
| | The Child Care Administrators Credential should be worth more points for group centers. |
| Sandy Suprak | KidsFirst: Quality Counts for Kids Recommendation: |
| Instructor | I support the education component of the quality rating scale point system. It is available |
| Northcentral | statewide. An educated provider is a quality indicator. This is a fact. |
| Technical | Experience working in the field is important and should also be validated, but in correlation |
| College | with education. |
| | Implementation: |
| | Who will evaluate child care programs? Can subjectivity be kept out? How often will |
| | evaluations be completed? |
| Jane Marquardt | KidsFirst: Quality Counts for Kids Recommendation: |
| Child Care | I'm in favor of quality indicators strongly because it is better for children to be in high |
| Center of St. | quality. However I think it may limit the number of programs low income families can go to |
| Joseph's | for care. Parents may struggle to find child care of any quality. |
| Hospital and | Supports Needed: |
| Marshfield Clinic | Resources are needed to make this successful— both money and availability to all |
| | providers. |
| | Teacher Qualifications: |
| | Longevity should be included. Need to develop verification to appoint quality rating |
| | standards to years worked in quality programs. |
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| Pat Markuson | KidsFirst: Quality Counts for Kids Recommendation: |
|-----------------|---|
| Instructor | I believe that this is a good way to tell parents about the quality of the center in which they |
| Mid-State | are considering enrolling their children. Tying that to the child care subsidy reimbursement |
| Technical | |
| | will cause centers to become more aware of what is needed to be a quality center. Any |
| College | center which claims to be a quality center should have no problem earning at least 4 stars. |
| | The more education providers have, the higher the quality of their centers. Without |
| | education the learning environment and curriculum suffers. |
| | Longevity and experience should be recognized, but education is the primary |
| | consideration. |
| | Family Child Care Teacher Qualifications: |
| | This will encourage providers to take some credit based courses and work on an Infant |
| | Toddler Credential or Associate Degree. |
| | Center Teacher and Director Qualifications: |
| | There are many opportunities to improve education. TEACH scholarships are wonderful |
| | and may encourage more people to get involved. |
| | Learning Environment: |
| | The well equipped learning center will have to be spelled out in detail. There needs to be |
| | documentation showing how a program has curriculum aligned with the Wisconsin Model |
| | Early Learning Standards. |
| | Parent Information: |
| | Parents will need education on this system. Many only look for care that they can afford |
| | and that is easily obtainable. Parents also have to understand the quality indicators and be |
| | encouraged to look for that quality. |
| Kelly Borchardt | KidsFirst: Quality Counts for Kids Recommendation: |
| Wisconsin Child | A system that rewards high quality child care in Wisconsin is an excellent and worthwhile |
| Care | initiative for families, children and child care programs. |
| Improvement | Support Systems: |
| Project | Not only do we need funding for families, but also a system in place to help programs with |
| | the cost of achieving high quality child care. |
| | It is impossible for small centers in Central and Northern Wisconsin to hire and sustain |
| | teaching staff with college degrees. Even TEACH and REWARD are not enough to keep |
| | well-educated staff in centers. Early childhood teachers deserve the same rate of pay as |
| | public school teachers. With enough funding and creativity, we'll be able to utilize the time |
| | and talents of many professionals throughout Wisconsin to make this system successful. |

Wausau Attendance 10 26 04 11 1 04